

## ***2015 Open Enrollment Frequently Asked Questions***

These Frequently Asked Questions (FAQs) share information regarding the eligibility and enrollment of State of Delaware employees, pensioners, employees of other participating groups as defined in Delaware Code, and their eligible dependents in the State of Delaware Group Health Insurance Program. The Eligibility and Enrollment Rules govern this program in accordance with Delaware Code and have been approved by the State Employee Benefits Committee (SEBC). These FAQs provide only a summary of information. Any error or omission is unintentional. If a discrepancy exists between the information provided in this document and federal or state law or plan document, the law or plan document shall prevail.

**All forms are due to your Organization's Human Resources/Benefits Office by May 28, 2015. Pensioner's forms are due to the Office of Pensions by May 28, 2015.**

### **Open Enrollment 2015**

#### **1. What is the 2015 Open Enrollment?**

Open Enrollment, May 11 through May 28, 2015, is your once-a-year opportunity to review your health, dental, vision, life, supplemental benefits and blood bank coverage and to make the choices that are right for you! Coverage and new rates are effective July 1, 2015.

#### **2. Which benefits does the State of Delaware offer during this Open Enrollment?**

The State of Delaware offers Health, Dental, Vision, Group Universal (GUL) Life, Supplemental Benefits and Blood Bank coverage to eligible employees and pensioners during this Open Enrollment period. A description of all of the benefit plans is included in the Open Enrollment Booklet available online at [www.ben.omb.delaware.gov/oe](http://www.ben.omb.delaware.gov/oe).

**Note:** State of Delaware pensioners, spouses and dependents enrolled in Medicare Part A and Part B for primary medical coverage and also eligible for or enrolled in the Highmark Delaware Special Medicfill Medicare Supplement plan, **DO NOT make changes in Special Medicfill coverage until a separate Open Enrollment period available in October 2015 for calendar year 2016.** Current rates remain in effect until January 1, 2016.

**Health** - The State of Delaware offers six separate plans for health care. Two Consumer-Directed Health Care Plans offered through Aetna and Highmark Delaware. Two additional PPO plans – First State Basic and Comprehensive PPO offered through Highmark Delaware. Two HMO plans offered through Aetna and Highmark Delaware. A detailed summary of each health plan's benefits is available in the Open Enrollment Booklet.

**Dental** – The State of Delaware offers two dental plans. Delta Dental offers a PPO plan and Dominion Dental offers an HMO plan.

**Prescription** - The State offers prescription coverage as part of the State's Group Health Insurance Program. Express Scripts is the State of Delaware Pharmacy Benefit Manager that manages the State's prescription program. Once enrolled in a health plan, employees may have prescriptions filled at participating pharmacies. Express Scripts also offers prescription refills through a mail order system. More information and forms are available on the Express Scripts website at [www.express-scripts.com](http://www.express-scripts.com) or on this website.

**Employee Assistance Program** – HMS/Health Advocate provides an Employee Assistance Program to non-Medicare participants in the State's Group Health Insurance Program. This service includes free, confidential, professional assessment and short-term counseling for members and dependents that may be experiencing personal or family problems.

**Blood Bank** - All State employees and pensioners are eligible to participate in the Blood Bank of Delmarva's *Members for Life Program*. Participation in *Members for Life* and access to health and wellness benefits are contingent upon blood donation.

**Vision** – All State employees and pensioners are eligible to enroll in the vision plan through EyeMed Vision Care®. The plan provides coverage for an annual eye exam for a \$10 copay and frames at an allowance up to \$160 with a \$20 copay. Contact lens coverage is also available. Complete information is available at [www.ben.omb.delaware.gov/vision](http://www.ben.omb.delaware.gov/vision).

**Group Universal (GUL) Life** – The State of Delaware is sponsoring a “one-time” open enrollment period to allow eligible employees an opportunity to enroll or increase life insurance coverage. Employees not currently enrolled for GUL coverage (and not previously declined coverage by Minnesota Life) may apply for coverage up to the guarantee issue limit of the lesser of three times annual salary or \$200,000 without providing proof of good health. Employees currently enrolled for GUL coverage (and not previously declined coverage by Minnesota Life) may increase coverage one level up to the guarantee issue limit of the lesser of three times annual salary or \$200,000 without providing proof of good health.

**Supplemental Benefits** – All benefit eligible State employees are eligible to enroll in Group Accident coverage and Critical Illness including cancer coverage offered by Aflac. More information on this new enrollment opportunity is provided in the Open Enrollment booklet.

**3. When will I receive the Open Enrollment materials?**

Employees who did not elect during the Employee Consent Campaign to receive their open enrollment information electronically, will receive a letter and required federal notices the week of April 27<sup>th</sup>. State of Delaware pensioners and Participating Group employees will receive a letter and required federal notices as well, the week of April 27<sup>th</sup>.

**4. How can I access the Open Enrollment materials online?**

The 2015 Open Enrollment Booklet is available online at

[www.ben.omb.delaware.gov/oe](http://www.ben.omb.delaware.gov/oe). For active State employees, a copy of the eBenefits Quick Reference Guide that includes online enrollment instructions and other helpful information, including how to complete the Spousal Coordination of Benefits form and how to access the Minnesota Life website is available online beginning May 11, 2015 at [www.ben.omb.delaware.gov/oe](http://www.ben.omb.delaware.gov/oe). If you need assistance accessing this information on the Internet, please see your Human Resources/Benefits Office.

**5. What do I need to do if I want to enroll, make changes or cancel coverage?**

**Active State employees** must enroll, make changes, or cancel health, dental, vision and Blood Bank coverage by completing the online enrollment process through eBenefits and must enroll or make changes in supplemental benefits and life (GUL) coverage from May 11 through May 28, 2015. Employees will be responsible for data entering their own benefit elections directly into the eBenefits online enrollment system and for completing the enrollment process for supplemental benefits and life (GUL) coverage on the Aflac and Minnesota Life websites. The eBenefits Quick Reference Guide online enrollment instructions will be available at [www.ben.omb.delaware.gov/oe](http://www.ben.omb.delaware.gov/oe) during open enrollment.

If enrolling or continuing to cover a spouse through “Employee & Spouse” or “Family” coverage, active employees **MUST** complete the Spousal Coordination of Benefits (COB) form during Open Enrollment through Employee Self Service at [www.employeeelfservice.omb.delaware.gov](http://www.employeeelfservice.omb.delaware.gov). The information on the form will be submitted to your health carrier via a secure transmission process. The form must be completed no later than May 28, 2015. Failure to complete the form will result in a reduction of spousal benefits.

Plan options preceded with D.S.S. are the Double State Share options. If you are eligible for Double State Share and you are making changes to your health election, be sure to select the D.S.S. version of the plan listed on the online benefits enrollment page. In order to be eligible for Double State Share (DSS) husband and wife must have been either permanent full-time active benefit eligible State of Delaware employees (regularly scheduled 30 or more hours per week) before December 31, 2011 or be receiving a pension check. Please refer to the 2015 Open Enrollment Booklet at [www.ben.omb.delaware.gov/oe](http://www.ben.omb.delaware.gov/oe) for more details.

The eBenefits Quick Reference Guide contains online enrollment instructions including how to complete the Spousal Coordination of Benefits form and how to access the Minnesota Life website and is available on this website, during open enrollment.

**State of Delaware Pensioners** must complete the necessary enrollment forms available on the Office of Pensions website at [www.delawarepensions.com](http://www.delawarepensions.com) or complete the health, dental, vision and Blood Bank applications included in the packet mailed to your home. You must submit your completed enrollment forms to the Office of Pensions by May 28, 2015.

Pensioners enrolling or continuing to cover a spouse through “Employee & Spouse” or “Family” coverage must complete the Spousal Coordination of Benefits (COB) form no

later than May 28, 2015. You may complete the form online at [www.ben.omb.delaware.gov/documents/cob](http://www.ben.omb.delaware.gov/documents/cob) if you have access to a computer. If you do not have access to the internet, you may complete the form included in the packet mailing sent to your home and submit it to the Office of Pensions. The form must be completed no later than May 28, 2015. The information on the form will be submitted to your health carrier via a secure transmission process. The form must be completed no later than May 28, 2015. Failure to complete the form will result in a reduction of spousal benefits.

If you are a pensioner and **cover your spouse under the Highmark Delaware Special Medicfill Medicare Supplement plan**, you do not need to complete a Spousal Coordination of Benefits form, **unless your spouse's employment or health insurance status has changed since July 2012.**

**Participating Groups** - Members of all other participating groups (i.e. DSWA, DTC, UD, towns and municipalities covered by the State's Group Health Insurance Program) must complete the enrollment applications available from their organization's Human Resources/Benefits Office or online at [www.ben.omb.delaware.gov/NonPayroll](http://www.ben.omb.delaware.gov/NonPayroll) and return them no later than May 28, 2015.

If enrolling or continuing to cover a spouse through "Employee & Spouse" or "Family" coverage, active employees **MUST** complete the Spousal Coordination of Benefits (COB) form during Open Enrollment. Participating Group employees can access the form online at [www.ben.omb.delaware.gov/documents/cob](http://www.ben.omb.delaware.gov/documents/cob). The information on the form will be submitted to your health carrier via a secure transmission process. The form must be completed no later than May 28, 2015. Failure to complete the form will result in a reduction of spousal benefits.

6. **What do I need to do if I do not want to make any changes to my current coverage?**  
**Active State employees** – If you do not wish to enroll or terminate coverage, you do not need to log on to eBenefits at [www.employeeselfservice.omb.delaware.gov](http://www.employeeselfservice.omb.delaware.gov) unless you wish to verify your current coverage. **No Action is Required** unless you are covering a spouse in one of the State of Delaware Group non-Medicare health plans. **See question 9.**

**State of Delaware Pensioners and Participating Group employees** - If you are currently enrolled and do not wish to make any changes, **No Action is Required** unless you are covering a spouse in one of the State of Delaware Group non-Medicare health plans. **See question 9.**

7. **Will I receive a Confirmation Statement after Open Enrollment?**  
Confirmation Statements are not mailed to active State employees. Employees are responsible for reviewing their elections from the Employee Self-Service Benefit Summary by logging onto eBenefits as you did to enroll and click Benefits Summary instead of Open Enrollment. By entering the date of 07/01/2015, you will be able to view your elections as of that date including the dependents covered. **Please note: Benefit changes CANNOT be viewed until the following business day.** If an error has

been made, contact your organization's Human Resources/Benefits Office no later than June 5, 2015, to make the corrections. **No changes will be accepted after June 5, 2015.**

**8. What do I do if my benefits as of July 1, 2015 are not correct on the online Benefits Summary?**

Contact your organizations Human Resources/Benefits Office no later than June 5, 2015 and advise them of the errors and what corrections need to be made. The corrections will be made by your Human Resources/Benefits representative.

**9. What forms do I need to return and to whom?**

**Spousal Coordination of Benefits (COB) Form – Active employees and pensioners enrolling a spouse for the FIRST TIME or continuing** to cover a spouse in one of the State of Delaware Group Health Insurance health plans **MUST** complete a new **Spousal Coordination of Benefits** form each year during Open Enrollment and anytime the spouse's employment or insurance status changes. Failure to submit a new Spousal COB form will result in a reduction of spousal benefits.

**Active State employees** must complete the Spousal Coordination of Benefits form online at [www.employeeselfservice.omb.delaware.gov](http://www.employeeselfservice.omb.delaware.gov). Failure to submit a new Spousal COB form will result in a reduction of spousal benefits. Forms must be completed by May 28, 2015. Once completed, click "Print Summary" to print a copy of your submission for your records. You **MUST** complete the eBenefits online enrollment process at [www.employeeselfservice.omb.delaware.gov](http://www.employeeselfservice.omb.delaware.gov) if you wish to enroll, make changes or cancel current Health, Dental, Vision and Blood Bank coverage and also complete the enrollment process for supplemental benefits and life (GUL) coverage on the Aflac and Minnesota Life websites.

**State of Delaware pensioners** must also complete a spousal form if covering a spouse.\* The form can be completed online at [www.ben.omb.delaware.gov/documents/cob](http://www.ben.omb.delaware.gov/documents/cob) if you have access to a computer. **If you do not have access to the internet**, you may complete the form included in the packet mailing sent to your home and submit it to the Office of Pensions. The form **MUST** be completed no later than May 28, 2015.

**\*If you are a pensioner and cover your spouse under the Highmark Delaware Special Medicfill Medicare Supplement plan, you do not need to complete a Spousal Coordination of Benefits form, unless your spouse's employment or health insurance status has changed since July 2012.**

**State of Delaware pensioners** **MUST** also complete enrollment applications available in the packet mailed to your home or online at [www.delawarepensions.com](http://www.delawarepensions.com) if you are enrolling or making changes to your health, dental, vision and Blood Bank of Delmarva enrollment. Enrollment applications must be returned to the Office of Pensions no later than May 28, 2015.

**Participating Group employees** MUST also complete a spousal form if covering a spouse. The form must be completed online at [www.ben.omb.delaware.gov/documents/cob](http://www.ben.omb.delaware.gov/documents/cob).

**Participating Group employees** MUST also complete enrollment applications available from their organization's Human Resources/Benefits Office or online at [www.ben.omb.delaware.gov/NonPayroll](http://www.ben.omb.delaware.gov/NonPayroll) and return them no later than May 28, 2015.

- 10. What will happen if I do not complete the eBenefits online enrollment process or take action to enroll in the supplemental benefits or Group Universal (GUL) life insurance by May 28, 2015?** You MUST complete the eBenefits online enrollment process if you wish to enroll, make changes or cancel current Health, Dental, Vision and Blood Bank coverage and also complete the enrollment process for supplemental benefits and life (GUL) coverage on the Aflac and Minnesota Life websites. If not, any enrollments or changes to your benefits must wait until open enrollment 2015 unless you experience a qualifying event to make a mid-year change. If you take no action, your benefit elections will remain the same for the new plan year.
- 11. If I am currently on a Leave of Absence for any reason, do I need to complete the eBenefits online enrollment process?** You are required to complete the eBenefits online enrollment process if you wish to enroll, make changes or cancel your health, dental or vision coverage. If you wish to enroll in the supplemental benefits through Aflac, you must contact Aflac within 30 days of returning from your leave of absence. See Aflac FAQs at [www.delaware.hrntouch.com](http://www.delaware.hrntouch.com) for more details. If you wish to take advantage of the one-time opportunity to enroll or increase your life (GUL) coverage, you must access the Minnesota Life website through Employee Self Service at [www.employeeselfservice.omb.delaware.gov](http://www.employeeselfservice.omb.delaware.gov) between May 11, 2015 and May 28, 2015.

## **ELIGIBILITY**

- 12. Who is eligible to participate in the State health, dental, vision, supplemental benefits and life (GUL) insurance plans\*?**

The State of Delaware offers **State health, dental, vision** insurance benefits to permanent, full-time employees, permanent part-time employees, limited term employees and Pensioners. **Supplemental benefits and life (GUL) insurance plans\* are offered to benefit and pension eligible full-time and part-time employees.**

Participation in the State Group Health Insurance Program is voluntary.

For more details about eligibility for State health, dental and vision refer to the "Group Health Insurance Eligibility and Enrollment Rules" available at [www.ben.omb.delaware.gov](http://www.ben.omb.delaware.gov) under *Policies & Procedures*. Permanent State of Delaware employees, State of Delaware Pensioners, and employees in some Participating groups as defined in the Delaware Code, are eligible for coverage under the State plans.

\*State of Delaware school district employees with a district dental or vision plan are not eligible for the state dental or vision plans.

**13. Which dependents are eligible to enroll?**

A member's legal spouse and children under age 26. For more details about eligibility refer to the "Group Health Insurance Eligibility and Enrollment Rules" available at [www.ben.omb.delaware.gov](http://www.ben.omb.delaware.gov) under *Documentation*.

**STATEWIDE BENEFIT HEALTH FAIRS**

**14. What are the Statewide Benefit Health Fairs?**

The Statewide Benefits Office hosts free Benefit Health Fairs during the Open Enrollment period at various site locations. The Health Care vendors have tables set up with free information and representatives are available to answer your questions about the different plans and services they each provide. You are welcome to attend these Fairs if you are enrolled or are eligible to enroll in the State of Delaware Group Health Insurance Program.

**15. Which vendors will be at the Benefit Health Fairs?**

The following vendors will be represented at each health fair. Highmark Delaware, Aetna, Dominion Dental Services, Delta Dental, EyeMed Vision Care, Blood Bank of Delmarva, Human Management Services, Inc. (HMS), Minnesota Life, Aflac, Treasurer's Office for Deferred Compensation, Express Scripts, Office of Pensions and the Statewide Benefits Office.

**16. When and where are the Statewide Benefit Health Fairs being held?**

A listing of the Health Fair dates and locations can be found at [www.ben.omb.delaware.gov/oe](http://www.ben.omb.delaware.gov/oe).

**MAKING THE DECISION**

**17. How do I decide which coverage is best for me?**

Health care options can be very confusing and understanding them is important. Take control over how you spend your health care dollars! Watch the video online at [www.ben.omb.delaware.gov/oe](http://www.ben.omb.delaware.gov/oe), to learn more about the health plan options available to you during this Open Enrollment and find out how to choose the benefit options that best supports you and your family's health care needs. Additional information is available in the 2015 Open Enrollment booklet and the Statewide Benefits Office website at [www.ben.omb.delaware.gov](http://www.ben.omb.delaware.gov). Links to each vendor's website are available as well.

**18. Where can I find a side-by-side comparison of the health plans?**

A side-by-side comparison of the health plans is included in the Open Enrollment booklet and a Summary of Benefits and Coverage is also available for each health plan at [www.ben.omb.delaware.gov/medical](http://www.ben.omb.delaware.gov/medical).



**19. What other information is available and how can I get it?**

Other, specific information about the plans can be found in the plan booklets from the carriers. Plan booklet information is also available by contacting the carrier directly or available on the Statewide Benefits Office website at [www.ben.omb.delaware.gov/medical](http://www.ben.omb.delaware.gov/medical) select Highmark or Aetna.

**ENROLLING YOUR SPOUSE OR OTHER DEPENDENT**

**20. What do I need to do if I choose to cover or continue to cover my spouse by electing “Employee & Spouse” or “Family” health coverage?**

**Active State employees** paid out of the State payroll system (PHRST) can change or add spousal information by using the eBenefits online enrollment process at [www.employeeselfservice.omb.delaware.gov](http://www.employeeselfservice.omb.delaware.gov) from May 11, 2015 through May 28, 2015. If enrolling a spouse for the FIRST TIME due to marriage, be sure to check the relationship of spouse when adding the dependent in eBenefits. If enrolling a spouse for the FIRST TIME, due to civil union, be sure to check the appropriate relationship – IRS Qualified Spouse or IRS Non-Qualified Spouse when adding the dependent in eBenefits to ensure your premiums and imputed income calculates correctly. See question 22 for additional information. Additional information about benefit coverage for spouses due to civil union can be found at [www.ben.omb.delaware.gov/cusgm](http://www.ben.omb.delaware.gov/cusgm).

All other members of the State Group Health Plan (State Pensioners and Participating Groups) must make changes on the enrollment applications available from their organization’s Human Resources/Benefits Office, or for pensioners available in the packet mailed to your home, online at [www.delawarepensions.com](http://www.delawarepensions.com) or through the Office of Pensions.

If you are enrolling a spouse for the FIRST TIME, or wish to continue covering a spouse in one of the State of Delaware Group Health Insurance health plans through “Employee and Spouse” or “Family” coverage; you **MUST** complete a new Spousal Coordination of Benefits form each year during Open Enrollment and anytime your spouse’s employment or insurance status changes. Active State employees **MUST** complete the form through Employee Self service at [www.employeeselfservice.omb.delaware.gov](http://www.employeeselfservice.omb.delaware.gov) by May 28, 2015. Failure to submit a new Spousal COB form will result in a reduction of spousal benefits.

**Pensioners and Participating Group employees**, if covering a spouse, you **MUST** also complete a spousal form at [www.ben.omb.delaware.gov/documents/cob](http://www.ben.omb.delaware.gov/documents/cob).

**If you are a pensioner and cover your spouse under the Highmark Delaware Special Medicfill Medicare Supplement plan, you do not need to complete a Spousal Coordination of Benefits form, unless your spouse’s employment or health insurance status has changed since July 2012.**

**21. What will happen if I don't return the Spousal Coordination of Benefits form?**

Failure to complete a new Spousal Coordination of Benefits (COB) form by May 28, 2015 will result in a reduction of spousal benefits.



**22. What do I need to provide if I am enrolling a spouse or other dependent for the FIRST TIME?**

Proof of eligibility must be provided for anyone enrolling a spouse or dependent for the FIRST TIME.

- Proof of eligibility for a spouse is a copy of the Marriage Certificate/Civil Union Certificate.
- Proof of eligibility for a dependent is a Birth Certificate or other legal document.\*
- Complete a Child Dependent Coordination Benefits form if your dependent child has other health coverage. The appropriate Highmark Delaware and Aetna forms and instructions are available at [www.ben.omb.delaware.gov/medical](http://www.ben.omb.delaware.gov/medical).
- Complete a Certification of Tax Dependent Status form if enrolling a spouse due to civil union or other dependents due to civil union.

\*This information is not forwarded to the carriers. Your Human Resources/Benefits Office will maintain this documentation.

**23. What do I need to do if I choose to cover my children due to civil union for the FIRST TIME?**

Active State employees paid out of the State payroll system can add dependent information by using the eBenefits online enrollment process at [www.employeeselfservice.omb.delaware.gov](http://www.employeeselfservice.omb.delaware.gov) from May 11, 2015 through May 28, 2015. If enrolling a child for the FIRST TIME due to civil union for the FIRST TIME, be sure to check the appropriate relationship – IRS Qualified Child or IRS Non-Qualified Child when adding the dependent in eBenefits to ensure your premiums and imputed income calculates correctly. See question 22 for additional information. Additional information about benefit coverage for spouses due to civil union can be found at [www.ben.omb.delaware.gov/cusgm](http://www.ben.omb.delaware.gov/cusgm).

**24. What if my spouse or other dependents have other coverage?**

The Spousal Coordination of Benefits (COB) form should be completed if you are enrolling or continuing to cover your spouse in one of the State of Delaware Group Health Insurance health plans through “Employee & Spouse” or “Family” coverage. Your health insurance carrier will then coordinate benefits if there is other insurance coverage. To ensure the highest level of coverage for your dependents, you must notify your carrier if your dependent has other coverage. Go to [www.ben.omb.delaware.gov/medical](http://www.ben.omb.delaware.gov/medical) and select Highmark or Aetna to obtain the appropriate form to view instructions for returning the form to your carrier.

**25. What if my adult dependent child (under the age of 26) has or is also eligible for coverage as an employee of an employer that participates in the State Group Health Insurance Program (GHIP)?**

- If the adult dependent child is also a benefit eligible employee of the State of Delaware or of a group designated through Delaware code to participate in the GHIP, the adult dependent child :
  - may enroll in his/her own State health care plan **OR**

- can be covered by the parent who is a benefit eligible employee or pensioner.
- The dependent child cannot be covered under more than one GHIP plan.

**26. What if my adult dependent child (under the age of 26) has other coverage as an employee through an employer that does not participate in the State Group Health Insurance Program in addition to being covered under my State health care plan?**

- The adult dependent child's employer coverage will be primary over his or her coverage as a dependent through the parent's State health care plan coverage.
- ***No action by the State employee, pensioner or Participating Group employee during this Open Enrollment period from May 11, 2015 – May 28, 2015 is necessary.***

**27. What if my adult dependent child (under the age of 26) who is also enrolled as my dependent under the State health care plan drops health care coverage through his or her employer at the employer's next open enrollment?**

- Your adult dependent child can then be primary on your health care plan if health care coverage is dropped under the employer's plan.
- Upon termination of the adult dependent's employer health coverage, a Child Dependent Coordination of Benefits form must be completed. The appropriate Highmark Delaware and Aetna forms and instructions are available at [www.ben.omb.delaware.gov/medical](http://www.ben.omb.delaware.gov/medical). Submission of this form will notify the State employees', pensioners' or Participating Group employees' health plan carrier that the adult dependent child's coverage through the State Group Health Insurance Program is primary.

**28. What if my adult dependent child (under the age of 26) who is NOT enrolled as my dependent under the State healthcare plan drops health care coverage through his or her employer at the employer's next open enrollment?**

- It is the adult dependent child's responsibility to change or drop coverage through his or her employer at the employer's next annual open enrollment. This is considered to be a voluntary loss of coverage and NOT a qualifying event for the State employee, pensioner or Participating Group employee to enroll the adult dependent in their State health care plan coverage. You can only add your adult dependent child during the annual benefits open enrollment.
- Therefore if you wish to cover your adult dependent under your health care plan you should enroll your adult dependent during the State's benefit open enrollment period in May and then have your adult dependent child drop employer health coverage at the employer's next open enrollment.
- Upon termination of the adult dependent's employer health coverage, a Child Dependent Coordination of Benefits form must be completed. The appropriate Highmark Delaware and Aetna forms and instructions are available at [www.ben.omb.delaware.gov/medical](http://www.ben.omb.delaware.gov/medical). Submission of this form will notify the State employee, pensioner or Participating Group employee health plan carrier

that the adult dependent child's coverage through the State Group Health Insurance Program is primary.

## **COST OF COVERAGE**

### **29. Who pays for coverage?**

**Health** - A portion of the total premium is paid by the State through the annual budget. Regular officers and State employees begin earning State Share contributions on the first of the month following 90 days of continuous State service. The percentage of the health plan that is paid by the State as of July 1, 2012 was defined in House Bill 81 which was passed in 2012 and made changes to health and pension benefits. Pursuant to HB 81, effective July 1, 2012, there will be a fixed cost share established for each of the plans offered by the State, including the First State Basic Plan. As a result, effective July 1, 2012, the State will now pay 96% of the total cost of the First State Basic plan, 95% of the total cost for a new Consumer-Directed Health plan, 93.5% of the total cost of the HMO plans, and 86.75% of the total cost of the PPO plan. A rate chart can be found at [www.ben.omb.delaware.gov/oe](http://www.ben.omb.delaware.gov/oe). Premium payments are held in the group health fund as the State of Delaware Group Health Insurance Program is "self-insured". This means claims for health care coverage are paid from the group health fund.

**Dental** - The Dental Program is employee funded. The State does not contribute toward the cost of dental coverage. Delta Dental and Dominion Dental administer the dental plans.

**Vision** – The Vision Program is employee funded. The State does not contribute toward the cost of vision coverage. EyeMed Vision Care administers the vision plan.

**Blood Bank** - The State of Delaware provides Blood Bank of Delmarva membership to all state employees and pensioners. While there are no longer membership dues, all State of Delaware employees and pensioners can continue to provide assistance by enrollment in the *Members for Life* program. Enrollment will provide the Blood Bank with important contact information necessary to encourage blood commitments.

**Supplemental Benefits** – The Supplemental Benefits Program is employee funded. The State does not contribute toward the cost of supplemental benefits. Aflac administers Critical Illness, including cancer and Accident coverage.

**Group Universal Life (GUL)** – The Group Universal Life (GUL) Program is employee funded and administered by Minnesota Life.

### **30. How often are premiums deducted?**

The health, dental and vision rates listed in the open enrollment booklet are monthly rates. The rates for supplemental benefits are semi-monthly rates. Rates per \$1,000 of coverage are also provided in the open enrollment booklet for the Life (GUL) coverage. State employees pay for coverage through the State's payroll system with bi-weekly payroll deductions for a total of 24 deductions taken each year for health, dental, vision, supplemental benefits and a total of 26 deductions for Life (GUL) premiums.

### **31. Are my premiums a pre-tax deduction?**

Health, dental and vision premiums are tax sheltered under Section 125 of the IRS Code for active State of Delaware employees. Active State of Delaware employees participating in health, dental or vision insurance plans pay their portion of the premium with before-tax dollars. If you are an active employee covering a civil union spouse or children of a civil union spouse who are not your qualified tax dependents by definition of the IRS, a portion of your premium to cover these dependents will be taken after tax. Please see the FAQs regarding civil union dependent benefit coverage at [www.ben.omb.delaware.gov/cusgm](http://www.ben.omb.delaware.gov/cusgm). Deductions taken for active employees participating in the supplemental benefits and Life (GUL) coverage are taken on an after-tax basis. Pensioners' deductions are taken on an after-tax basis.

### **AFTER I ENROLL**

### **32. When will the new coverage take effect?**

The new coverage and rates, or the termination of existing coverage will take effect on July 1, 2015 and will be in effect for the plan year ending June 30, 2016.

### **33. When will the deductions begin for these new plans or the new rates?**

The State of Delaware benefit deductions are lagged in PHRST, the State's payroll system. The first deduction for new coverage or changes to coverage beginning July 1, 2015 will be taken on the July 24, 2015 paycheck. The first deduction for Pensioners will be on the July 31, 2015 pension check.

### **34. Will I get Member ID cards?**

#### **Health -**

- **Highmark Delaware IPA/HMO and Comprehensive PPO Members** - members enrolled in a Highmark Delaware IPA/HMO or Comprehensive PPO plan for the plan year beginning July 1, 2015 will receive new ID cards in late June 2015. Members will receive a separate ID card for each covered dependent. The employee or pensioner's name will appear on the left side of the ID card and the dependent's name will appear on the right side. The only changes to these cards will be the addition of the "Blues on Call" number on the back of the card. Begin using your new Highmark Delaware ID card whenever you or a covered dependent receive health care services on or after July 1, 2015.
- **New Highmark Delaware or Aetna Members** - Employees or pensioners enrolling for the FIRST TIME with Aetna or Highmark Delaware will receive new ID cards after open enrollment.

**Express Scripts** – Employees or pensioners enrolling for the FIRST TIME with Aetna or Highmark Delaware or changing carriers will receive an ID card from Express Scripts in late June 2015.

**Dental** - Employees enrolling in a Statewide dental plan for the FIRST TIME or changing carriers will receive new ID cards after open enrollment.

**Vision** - Employees enrolling in the Statewide vision plan through EyeMed Vision Care® for the FIRST TIME will receive vision ID cards after open enrollment.

**Blood Bank** - if you are participating in the Blood Bank for the FIRST TIME, you will receive a *Members for Life* membership card with your Member ID and access to health and wellness benefits after your first blood donation. If you are continuing your participation, you will not receive a new card.

Member ID cards are not issued for the supplemental benefits offered by Aflac or the life (GUL) coverage offered by Minnesota Life.

**35. How do I obtain health and/or prescription identification cards for my dependent child(ren) who is/are covered by another parent?**

- **Aetna HMO or Aetna CDH Gold Members** - A custodial parent may contact member services at 877-542-3862 to request an individual ID card for their dependent children. The parent must provide the name and date of birth of the dependent child and Aetna ID number or last 4 digits of the Aetna member's social security number. The parent must have a completed member authorization form or a power of attorney (POA) in order to request an ID card be sent to an address other than the member's address on file.
- **Highmark Delaware Members** - The employee can request a card for a dependent and have it sent to another address. Log onto the website [www.highmarkbcbsde.com](http://www.highmarkbcbsde.com). Once logged in, click on the ID card icon on the landing page. Then select the family member that needs a duplicate ID card, enter the mailing address for the new card(s) and press the 'Request Card' button. Or, if the custodial parent (non covered person) is requesting ID card/EOB be sent to them, Highmark Delaware will need a copy of the court order showing the requester is the custodial parent. Highmark will then load that address under the appropriate dependent(s) so that ID cards and other correspondence specific to those dependent(s) will go to the address of the custodial (non covered) parent.
- **Express Scripts** – A custodial parent may contact member services at (800) 939-2142; provide the dependents name, date of birth and member ID number. Once this information is verified the caller can request new ID cards for the dependent and can stipulate the address where the cards are to be mailed. If the Custodial parent has access to the online member account, the parent can link to the Express Scripts website through the State's website at [www.ben.omb.delaware.gov/script/planadmin.shtml](http://www.ben.omb.delaware.gov/script/planadmin.shtml) or go directly to [www.express-scripts.com](http://www.express-scripts.com). Once the parent logs in, go to the *Health & Benefits tab*, select *Print forms and Cards*. The parent can then order replacement cards and/or print a temporary ID card.

**36. What should I do if I don't get my Member ID cards by July 1, 2015?**

Contact the Customer Service number for your insurance carrier. Toll free numbers are provided on the last page of the Open Enrollment booklet available at [www.ben.omb.delaware.gov/oe](http://www.ben.omb.delaware.gov/oe).

**37. What should I do if I lose my Member ID cards or need additional cards?**

Contact the Customer Service number for your insurance carrier. Toll free numbers are

provided on the last page of the Open Enrollment booklet available at [www.ben.omb.delaware.gov/oe](http://www.ben.omb.delaware.gov/oe).

**38. What should I do if I have questions about my Health, State dental, State vision, Supplemental Benefits, Life (GUL) coverage or Blood Bank of Delmarva coverage after I'm enrolled?**

Contact the Customer Service number for your insurance carrier. Toll free numbers are provided on the last page of the Open Enrollment booklet available at [www.ben.omb.delaware.gov/oe](http://www.ben.omb.delaware.gov/oe).

**MAKING CHANGES AFTER OPEN ENROLLMENT**

Changes to your insurance elections after Open Enrollment require a Qualifying Event. You must request the change within 30 days of the event or wait until the next Open Enrollment 2016.

**39. What is a Qualifying Event that will allow me to make changes to my Open Enrollment benefit elections?**

Qualifying Events include but may not be limited to: marriage/civil union, the birth or adoption of a child, divorce, employment of spouse, involuntary loss of spouse coverage, spouse's employment termination, child now ineligible for coverage, death of a spouse or dependent, spouse becomes a State of Delaware employee or pensioner.

**40. What should I do if I experience a Qualifying Event and need to make changes to my benefit elections?**

Contact your Human Resources/Benefits Office within your organization for the necessary forms within 30 days of the qualifying event. Pensioners should contact the Office of Pensions.

**41. What happens when my dependent reaches the age of 26?**

You are responsible for notifying your Human Resources/Benefits Office within your organization within 30 days of the time when your dependent is no longer eligible for coverage. Dependent coverage is available until the end of the month in which your eligible dependent turns 26. As long as you notify your Human Resources/Benefits Office that your dependent is no longer eligible for coverage in the time frame listed above your dependent will be eligible to elect COBRA continuation coverage. (See below for more information on COBRA continuation coverage.)

**42. What do I do if I want to keep my current health plan but change the Primary Care Physician (PCP) for myself or any of my dependents?**

Contact the Customer Service number for your insurance carrier. Toll free numbers are provided on the last page of the Open Enrollment booklet available at [www.ben.omb.delaware.gov/oe](http://www.ben.omb.delaware.gov/oe).

**43. If I enroll in a dental plan, may I drop coverage during the plan year?**

**Dental coverage is binding.** You may only drop your dependents from your dental coverage during the plan year if you experience a qualifying event. You must maintain employee only coverage until Open Enrollment 2016.

**44. If I enroll in the vision plan, may I drop coverage during the plan year?**

**Vision coverage is binding.** You may only drop your dependents from your vision coverage during the plan year if you experience a qualifying event. You must maintain employee only coverage until Open Enrollment 2016.

**45. If I enroll in the supplemental benefits, may I drop coverage during the plan year?**

**Supplemental benefits are not binding.** You are permitted to drop coverage during the plan year; however, you cannot re-enroll during the same plan year. If you wish to make an election during a subsequent annual open enrollment period will be considered a Late Enrollee and will be offered coverage and may be subject to approval based on answers to health questions.

**46. What if I want to change dental, vision, health or supplemental benefits plans during the plan year, (July 1, 2015 through June 30, 2016)?**

You may only change dental or vision plans (other than adding an eligible dependent or dropping an eligible dependent due to a qualifying event) at Open Enrollment.

Health plan coverage level (change from employee to employee/spouse) may be changed only if there is a qualifying event as listed in the Open Enrollment Booklet. Certain qualifying events (such as retirement) allow a change in health plans. For more information, please refer to the "Group Health Insurance Eligibility and Enrollment Rules" available at [www.ben.omb.delaware.gov](http://www.ben.omb.delaware.gov) under Policies & Procedures, or contact your Human Resources/Benefits Office for more information. Pensioners may contact the Office of Pensions.

Supplemental benefits - Once open enrollment has ended, you may not change accident or critical illness supplemental coverage. You may cancel coverage or remove family members from coverage by contacting Aflac Group Customer service at 1-800-433-3036, 8:00 am to 8:00 pm Eastern Time or by submitting the Service Request Form from this site.

**COBRA**

You have certain rights and obligations under the provisions of the Consolidated Omnibus Budget Reconciliation Act (COBRA). Under federal COBRA law, the State of Delaware is required to offer covered employees and family members the opportunity for a temporary extension of health coverage (called Continuation Coverage) at group rates when coverage under the medical, dental and vision plan would otherwise end due to certain qualifying events.

If an Employee Qualifying Event occurs, your Human Resources/Benefits Office will notify the State's COBRA Plan Administrator. If a Covered Spouse or Covered Dependent Children qualifying event occurs, you must notify your organization's Human Resources/Benefits Office within 30 days. Upon proper notification your Human Resources/Benefits Office will notify the State's COBRA Plan Administrator of the event.

Should an actual qualifying event occur, the State's COBRA Plan Administrator will send you and/or your covered dependents (also known as qualified beneficiaries) additional information with the appropriate election notice. The "Group Health Insurance Eligibility



and Enrollment Rules” (available at [www.ben.omb.delaware.gov](http://www.ben.omb.delaware.gov) under *Policies & Procedures*) allow an employee or covered family member to change their plan choices upon experiencing a qualifying event. If a qualified beneficiary does not elect coverage within the period specified in the election notice, rights to continue medical, dental and vision insurance will end. Detailed COBRA benefits information is available on the Statewide Benefits Office website at [www.ben.omb.delaware.gov/cobra](http://www.ben.omb.delaware.gov/cobra). If you choose Continuation Coverage, The State of Delaware is required to offer you coverage that is identical to the coverage provided under the group plan for active employees and family members.

#### **47. What are the Qualifying Events for COBRA Coverage?**

##### **Employee Qualifying Events:**

- A reduction in your hours of employment that result in loss of coverage or
- Termination of your employment for other than gross misconduct.

##### **Covered Spouse Qualifying Events:**

- The death of the employee;
- Termination of the employee's employment for other than gross misconduct or reduction in the employee's hours of employment with the State of Delaware
- Divorce from the employee; or
- Your spouse becomes enrolled in Medicare.
- 

##### **Covered Dependent Children Qualifying Events:**

- The death of the employee;
- Termination of the employee's employment for other than gross misconduct or reduction in the employee's hours of employment with the State of Delaware;
- Employee's divorce;
- The employee becomes enrolled in Medicare; or
- The dependent ceases to qualify as a dependent child under the Group Health Eligibility and Enrollment Rules as defined by the State Employee Benefits Committee.

#### **OTHER STATE EMPLOYEE BENEFITS**

#### **48. If I'm eligible for other State benefits, when can I make changes to them or enroll in those plans?**

**Flexible Spending Account (FSA)** - The State offers an annual Open Enrollment for the Flexible Spending Account (FSA), in the fall each year. Employees may enroll on-line at that time for coverage to begin in January. The Flexible Spending Account is an employer-sponsored plan available to permanent full-time, permanent part-time and limited-term State employees after completing three months of continuous State service. The program allows participants to deduct dollars from their paycheck on a pretax basis. The money can be used to be reimbursed for out-of-pocket health and dependent care expenses. Refer to the benefits section of this website for more information.

**Life Insurance** – Group Universal Life Insurance is available to permanent full-time and permanent part-time State employees on the first of the month following completion of three months of continuous State service. Approval for coverage will be determined by Minnesota Life. Proof of insurability may be required depending on level of coverage. There is no annual open enrollment period and the enrollment opportunity from May 11, 2015 through May 28, 2015 is a one-time special enrollment opportunity. Eligible State of Delaware employees can enroll or change their current election at any time with proof of insurability by contacting Minnesota Life directly at 1-877-215-1489 or by accessing their web-site at [www.lifebenefits.com](http://www.lifebenefits.com). Refer to the benefits section of this website for more information.

**Supplemental Benefits** - Newly hired and newly benefit-eligible employees and their spouses are able to apply within 60 days of becoming eligible for benefits.

Employees and their spouses will be allowed to apply each year during the annual open enrollment period. Anyone who does not elect coverage during their initial enrollment period and wishes to make an election during a subsequent annual enrollment period will be considered a Late Enrollee and will not have an opportunity to enroll until that time.

**Pre-Tax Commuter Benefits** are available to all benefit eligible active State employees. The program allows eligible employees to set aside pre-tax dollars to pay for your out-of-pocket parking, van pooling or mass transit expenses incurred as you travel to work. There is no set enrollment time for this program and you can make a change to your enrollment at any time. Refer to <http://ben.omb.delaware.gov/commuter> for more information.

**Deferred Compensation** - The Deferred Compensation plan is administered through the Delaware State Treasury Office. The State offers a Workplace Savings Plan through Fidelity Investments. Eligible employees may join the plan at any time by requesting an Enrollment Kit from Fidelity Investments at 1-800-343-0860.